ELEMENTARY SCHOOL STUDENTS' KNOWLEDGE DIFFERENCE BEFORE AND AFTER GETTING INFORMATION ON THE BEHAVIOR OF CLEAN AND HEALTHY LIVING

Quasi-Experimental Studies in Melayu Elementary School, Martapura

Husaini[1], Nur laily[1], Maman Saputra[1]
Public Health Department, Medical Faculty, Lambung Mangkurat University,
South Kalimantan Province- Indonesia[1]
email : husainifawaz@yahoo.com

Abstract

Melayu Elementary School which is located along the Martapura river has great potential to have students who used to perform daily activities using the river water. Children who live along the river spend their time on the river. This makes them vulnerable to infection of various diseases, either directly through the skin infection when they were playing in the river and indirectly, through drinking water from the source of water from rivers where they live. One of the right solutions about this conditions is by providing then with health education to increase knowledge and awareness about health. This knowledge is especially, given to the children of school age to maintain the clean and healthy lifestyle (healthy and hygiene practices, PHBS). This research is a quantitative research using quasi-experimental approach with one group pre- and post-test design. The population of the study is 49 students, with sample of 29 respondents who were determined by using purposive sampling technique. Instruments of the research is using questionnaires. The treatment variable is the provision of health promotion information about the behavior of healthy and clean life, while the dependent variable is the knowledge of elementary school students in Melayu Elementary School .The results showed that two students (6.9%), still have less knowledge and as many as 27 students (93.1%) have a good knowledge about PHBS prior to counseling. While after the treatment, there is no students who has less knowledge or all students (100%) have a good knowledge of PHBS. Based on Wilcoxon test, it showed that there was no difference in knowledge, before and after counseling. This is because almost all of the students already have a good knowledge prior to counseling so there was no significant difference in the level of knowledge after counseling.

Keywords : Education, Knowledge, PHBS

A. Introduction

The incidence of diarrhea in Banjar Regency until 2013 is still very high when compared to other districts in South Kalimantan as many as 9,920 cases. Also, it showed that there is an increase incidence of diarrhea cases in the last three years as many as 1,711 cases. In 2011, there was 8209, the year 2012 was 9,650 cases. One of the health centers which has the highest cases of diarrhea and continues to show an increase. In 2011, there was 520 cases, as many as 919 cases in 2012, and by 2013 there are as many as 1,141 cases (Profile of banjar regency health office in 2013).

Household and school could be one of the places that got threaten of the disease if it is not properly managed. Application of PHBS in the second place is an absolute necessity along with the emergence of various diseases that attack children of school age (6-10 years), which was associated with PHBS, especially hygiene and sanitation (Ministry of Health RI, 2008). Children is one of important components in public health. Healthy community for the future is determined primarily by the understanding of the attitudes

and habits of healthy life that are owned by the current generation of children. Besides, the school is seen as an institution that is prepared to increase the degree of community and teachers as its driving force (Luthviantin et al. 2011).

Based on the above description of the behavior of hygiene and sanitation, especially in children of primary school age and in relation to diseases, so it becomes very important to investigate the differences in the level of knowledge of elementary school students before and after the provision of information about the behavior of clean and healthy living in Melayu Elementary School. The purpose of this study was to analyze differences in the level of knowledge of elementary school students before and after the provision of information about the behavior of a clean and healthy living in the Melayu Elementary School.

B. Method

This research is using quantitative design. Quantitative approach was conducted by using pre-experimental research with the approach of one group pre-and post-test. Inclusion criteria for the selection of the sample with primary school children who are in grade one, two and three in Elementary School Malays. The selection of the sample are those who are willing to become respondents and can work and communicate well, physically and mentally healthy.

Data were analyzed by using bi-variate to know the differences in the level of knowledge of elementary school students before and after the provision of information on PHBS in Melayu Elementary School by using the Wilcoxon test with significance limit of $p \leq 0.05$.

C. Results and Discussion

1. Univariate Analysis `

In this study, the focus of research is the knowledge level of elementary school students before and after providing information about health and hygiene behavior in Melayu Elementary School. Based on a study of 29 respondents, it obtained the frequency distribution of elementary school students' knowledge level before and after the provision of information concerning hygienic behavior and healthy in Elementary School Melayu presented in Figure 1.

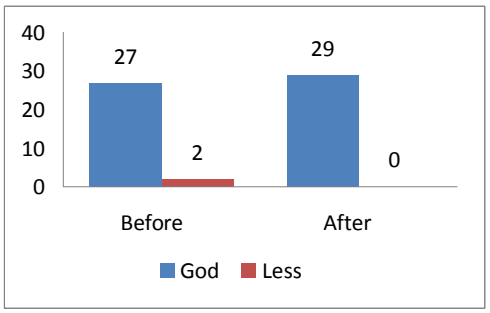

Figure 1. The frequency distribution of the Knowledge Level Students Elementary School Melayu Martapura

Based on the chart above there are two students (6.9%), who still have less knowledge and as many as 27 students (93.1%) who have a good knowledge of PHBS prior to counseling. However, after the treatment there is no students who have less knowledge or all students (100%) have a good knowledge of PHBs. It is because the material presented in the extension activities is using methods of lecture and discussion. This method is an effective way to approach the group. At a lecture and discussion, it is expected to arise behavior change process that is expected through active participation goals and exchange of experiences among the target.

2. Bivariate Analysis

The difference between the knowledge level of elementary school students before and after the provision of information about the behavior of a clean and healthy living in Melayu Elementary School can be seen in Table 1.

Table 1. Differences in the level of knowledge of students of Melayu Elementary School before and after counseling

Before	After		Sum	p-value
	Less	Good		
Less	0	2	2	0,157
Good	0	27	27	
Total	0	29	29	

Based on the table 1.1 it can be seen that the results of the analysis using Wilcoxon test p-value of 0.157. It can be concluded that there is no difference in knowledge before and after counseling. This is because almost all of the students already have a good knowledge prior to counseling so there was no significant difference in the level of knowledge after counseling.

In the course of this extension, the method used was considered appropriate, but as described by Notoatmodjo (2007) that the method of lecture and discussion emerge the behavior change process that is expected through active participation goals and exchange of experiences among the target. Target active role in the activities of this extension is the least because students feel embarrassed for asking questions related to extension materials.

Optimal behavior will influence on optimal health status as well. Optimal behavior is a whole pattern of strength, personal habits or society, whether consciously or not that led to personal or community efforts to help themselves from health problems. Patterns of behavior/habits related to promotional and preventive measures that should be on every individual or public. (Elisabeth, 2008)

School age is very sensitive to instill and healthy living habits, health status of school children will greatly affect the achievement of learning achieved. Health education through school children is very effective to change behavior and healthy habits in general. Schools play an important role in education because it immense on the influence on the psyche of the children, in addition to the family as a center of education, the school also has a function as an educational center for children's personal formation. PHBS in schools is an attempt to empower students, teachers, and the public school environment in order to know, willing, and able to practice PHBS and play an active role in creating a healthy school. (Natalina, 2009).

At Melayu Elementary School, the school's role in creating a clean and healthy student behavior is quite optimal. It can be seen from the results of observations and interviews with the principal that indicates that it has attempted to inculcate the habit of maintaining personal hygiene and the environment, among others with provide clean water and other means of support such as soap and trash sufficient, toilet schools and media promotion (posters) which is capable of supporting students to behave clean and healthy living. Here are excerpts of interviews with the principal of Melayu Elementary School.

"yes, the school already had toilets for students and teachers. Of separate toilet nevertheless, it's there in the back ... please if you want to see."

The school environment will determine the condition of the students at the school. Poor school environment can damage the status of the school and can further damage the health condition of the students from the dangers such as the infectious diseases which is transmitted through water. Education about personal hygiene becomes is less meaningful in the absence of drinking water and sanitation facilities. Schools can reinforce messages about personal hygiene and health by providing these facilities. This can be a good example for students and the wider community that can ultimately lead to the same facility needs in the community.

Policy regarding construction must be able to support the efforts to address gender issues and privacy. Therefore, health education-based skills are also very necessary because this approach is necessary for health education, nutrition and hygiene focused on the development of knowledge, attitudes, values and life skills (life skills) needed to act, make decisions relating to health positive and appropriate. Health is not just concerning the physical health but also the environment (environment) and psycho-social. Social and behavioral factors, unhealthy environment are not only affects the lifestyle, health and nutrition, but also hinder the opportunity to attend school. Development of attitudes related to gender (race equality of men and women) and the development of specific skills such as the face of pressure by peers is central to the skills-based health education in an effective and positive social environment. When

the students have better skills, it will ensure someone to adopt and continue to implement healthy behavior during school.

In addition, environmental management is a matter that must be implemented in order to live a healthy life. Healthy environmental conditions can support the growth of healthy behavior and can affect the physical and spiritual health and avoid negative influences that can damage health. To get used to living a clean and healthy school environment, they are influenced by several factors, namely the provision of clean water, there must be, landfills and the management as well as the availability of sewerage human or toilets in the school environment are adequate, and these are the environmental sanitation, especially the school environment.

In a smaller scale, environmental sanitation hygiene condition of schools, tend to be forgotten. Poor sanitary conditions, could significantly affect the health level of students in the school concerned.

But the availability of means of support does not fully guarantee that the students always use the facilities provided by the school. It can be seen from all students as respondents there are nine people (18.4%) who misbehave on hygiene and sanitation, especially when they are in the school environment.

PHBS implementation efforts in schools directly combine the potential parents, teachers and health workers as well as from the local health department. Teachers are directed to assist the implementation of PHBS in the framework of educational institutions. In addition, teachers are expected to encourage their children in implementing and maintain good health habits. According to Green, the teacher has the role of the child's behavior in maintaining health. Teachers can act as counselors, giving instruction, motivator, manager, and models show something good example in clean and healthy life behavior (Natalina, 2009).

D. Conslusion

Based on the results of research there are two students (6.9%), who still have less knowledge and as many as 27 students (93.1%) who have a good knowledge about PHBS prior to counseling. While after the treatment, there is no students who have less knowledge or all students (100%) have a good knowledge of PHBs.

Based on Wilcoxon test, it showed that there was no difference in knowledge, before and after counseling. This is because almost all of the students already have a good knowledge prior to counseling so there was no significant difference in the level of knowledge after counseling.

Suggestions

The provision of health information through counseling should be conducted on an ongoing basis. Teachers also need to improve PHBS in schools through school sanitation activities such as promoting hand washing, improvement of facilities in schools as a means to hold the sinks and soap in order to reduce the risk of worm infection and diarrhea.

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